



City of Deltona
Building and Enforcement Services
2345 Providence Blvd, Deltona, FL 32725
Permitting: (386) 878-8650 – (386) 878-8660
Zoning: (386) 878-8665 - Fax (386) 878-8651
Permitting@deltonafl.gov

Permit Number _____

Private provider Requested: Yes _____ No _____

COMMERCIAL BUILDING PERMIT APPLICATION

TYPE OR
PRINT IN
BLACK OR
BLUE INK
ONLY

FBC 2020 –
7th Edition
NEC 2017

**PROJECT
LOCATION:**

**PROJECT
DESCRIPTION:**

BUSINESS OWNER:

Include Business Name:
Name of Business Owner:
Mailing Address:

Business Phone Number
and Email Address:

Property Owner's Name	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Contractor/ Company's Name/License No.	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Architect/Engineer of Record	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Roofing Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone:
Plumbing Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone:
Gas Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone:
Electrical Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone:
HVAC Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone:

PROJECT	USE/OCCUPANCY	AREA	ELECTRICAL	WATER
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Other _____ Suite No.: _____	Construction Type: _____ Occupancy Type: _____	Existing sq ft _____ Additional sq ft _____ Total sq ft _____	Panel Size: _____ amps <input type="checkbox"/> FPL <input type="checkbox"/> DUKE	<input type="checkbox"/> Municipal <input type="checkbox"/> Deltona Water <input type="checkbox"/> Volusia County Utilities <input type="checkbox"/> Well Permit No. _____
FOUNDATION		PLUMBING	ESTIMATED VALUATION : \$	
<input type="checkbox"/> Mono <input type="checkbox"/> Stem Wall <input type="checkbox"/> Other; _____	Total Number of Occupants: _____	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic Permit No. _____	<div>Signature of Applicant _____ Date _____</div> <div>(Contractor's Signature to be notarized)</div>	

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
who is personally known to me or who has produced _____ (type of identification).

Signature of Notary Public State of Florida _____ (SEAL):
Print, Type or Stamp Name of Notary

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspection requested by 12:00 midnight will be done the next business day.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Florida Statue 713 .135

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____